Living Donor Registration (LDR) Field Descriptions

Living Donor Registration (LDR) records are generated as soon as the transplant center removes the recipient of the living donor transplant from the waiting list or if the living donor organ was aborted. The LDR record is completed for all living organ donors. This includes kidney, segmental liver, heart, single lung, lung lobe, sectional pancreas, sectional intestine and domino whole liver donors.

Complete the LDR at hospital discharge (if discharged prior to six weeks from recovery date) or at six weeks from recovery date, whichever occurs first.

Note: If the procedure was aborted, and the organ was not recovered, you are only required to complete the Donor, Pre-Donation Clinical and Surgical Information sections below. Select the intended type of transplant graft.

The LDR record must be completed within 90 days from the record generation date. See OPTN Policies for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed in an electronic record, call the UNet^{SM} Help Desk at 1-800-978-4334.

Additional Resources: See History of Definition Changes.

Provider Information

Recipient Center: The Recipient Center information reported in the Living Donor Feedback in TIEDI® will display. Verify that the displayed transplant center is the hospital where the transplant operation was performed. The provider number printed in the record is the 6-character Medicare identification number of the hospital.

Donor Information

Donor Name: Verify the last name and first name, if applicable, of the living donor is correct. If the information is incorrect, corrections may be made to the Living Donor Feedback record.

UNOS Donor ID#: Each living donor is assigned a unique donor identification number when the donor information is entered into the Living Donor Feedback record. For more information about Donor IDs, see Donor ID Information.

Note: For U.S. residents, complete their Address, Home City, State, Zip Code, and Home and Work Phone numbers. For non-U.S. residents, complete their Address, Home City, and Home and Work Phone numbers.

Address: Enter the street address where the donor lived before hospitalization for recovery of this organ. This field is **required**.

Home City: Enter the name of the city where the donor lived before hospitalization for recovery of this organ. If the donor is a non-U.S. resident, enter the city and country of residence. This field is **required**.

State: Select the name of the state where the donor's home city is located. (List of State codes) In the event the donor is a non-U.S. resident, this field should be left blank.

Zip Code: Enter the U.S. Postal Zip Code of the location where the donor lived before hospitalization for recovery of this organ. In the event the donor is a non-U.S. resident, this field may be left blank.

Home Phone: Enter the donor's home phone number. This field is **required**.

Work Phone: Enter the donor's work phone number.

Email: Enter the donor's e-mail address.

SSN: Enter the donor's social security number. This field is **required**.

Note: SSN cannot:
Contain 00 in the 4th and 5th place (e.g. XXX-00-XXXX is invalid)
Contain 0000 in the last 4 places (e.g. XXX-XX-0000 is invalid)
Begin with 666

Note: If a living donor does not have a social security number, contact the Organ Center at 1-800-292-9537 for a 9FN or 9CH number.

Date of Birth: Enter the date the donor was born using the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

Gender: Report donor sex (**Male** or **Female**), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of donation as reported by donor or documented in medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. This field is **required**.

Marital Status at Time of Donation: Select the donor's marital status from the drop-down list. This field is **required**.

> **Single**
> **Married**
> **Divorced**
> **Separated**
> **Life Partner**
> **Widowed**
> **Unknown**

ABO Blood Group: The donor's blood type reported in the Living Donor Feedback in TIEDI will display.

> **O**
> **A**
> **B**
> **AB**
> **A1**
> **A2**
> **A1B**
> **A2B**

Donor Type: Select the relationship of the living donor to the recipient from the drop-down list. This field is **required**.

Note: **Therapeutic organ donor** - An individual who has an organ removed as a component of medical treatment, and who may or may not receive a replacement organ. The organ that was removed can be transplanted into another person. Domino heart and liver donors are considered therapeutic organ donors.

Biological, blood related Parent - including blood related mother, blood related father

Biological, blood related Child - including blood related son, blood related daughter (NOT adopted child, NOT step-child)

Biological, blood related Identical Twin - including blood related brothers, blood related sister

Biological, blood related Full Sibling - including blood-related sister or blood related brother with whom you share both parents

Biological, blood related Half Sibling - including blood-related sister or blood related brother with whom you share one parent

Biological, blood related: Domino - occurs when a blood related living donor receives a heart or whole liver transplant, then donates their heart or liver to a blood related heart or whole liver candidate.

Biological, blood related: Non Domino Therapeutic donor - occurs when an individual has a kidney removed as a component of medical treatment, but does not receive a replacement kidney.

Biological, blood related Other Relative: Specify - including blood related aunt, uncle, grandparent, grandchild, cousin, niece, nephew (NOT those related to you "by marriage"). Specify in the space provided.

Non-Biological, Spouse: including husband, wife

Non-Biological, Life Partner - refers to a non-married, long-term partner of either gender

Non-Biological, Unrelated: Paired Donation - The donation and receipt of human kidneys under the following circumstances:

· An individual (the first living donor) desires to make a living donation of a kidney specifically to a particular patient (the first patient), but the first living donor is biologically incompatible as a donor for the first patient.

· A second individual (the second living donor) desires to make a living donation of a kidney specifically to a second particular patient (the second patient), but the second living donor is biologically incompatible as a donor for the second patient.

· The first living donor is biologically compatible as a donor of a kidney for the second patient, and the second living donor is biologically compatible as a donor of a kidney for the first patient. If there is any additional donor-patient pair as described above, each living donor in the group of donor-patient pairs is biologically compatible as a living donor of a kidney for a patient in the group.

· All donors and patients in the group of donor-patient pairs enter into a single agreement to donate and receive the kidneys, respectively, according to biological compatibility within the group.

· Other than described as above, no valuable consideration is knowingly acquired, received, or otherwise transferred for the donation of the kidneys.

Non-Biological, Unrelated: Non-Directed Donation (Anonymous) - altruistic donor, stranger, anonymous donor, good Samaritan donor

Non-Biological, Unrelated Domino - occurs when an unrelated living donor receives a heart or whole liver transplant, then donates their heart or liver to an unrelated heart or whole liver candidate.

Non-Biological, Unrelated: Non Domino Therapeutic donor - occurs when an individual has a kidney removed as a component of medical treatment, but does not receive a replacement kidney.

Non-Biological, Other Unrelated Directed Donation: Specify - including adopted child, adopted parent or grandparent, any relative by adoption, friend, co-worker, in-law, god-children, god-parents, relative by marriage, anyone NOT blood-related and NOT your spouse. Specify in the space provided.

Ethnicity: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of ethnicity is aligned to this standard.

OMB defines ethnicity to be whether or not a person self-identifies as Hispanic or Latino. For this reason, ethnicity is broken out into two categories, (1) Hispanic or Latino or (2) Not Hispanic or Latino. Select one ethnicity category or select 'Ethnicity Not Reported' if a category was not self-identified by the person.

This field is **required**.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

Ethnicity Not Reported – Select if person did not self-identify an ethnicity category.

Race: The Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity (Office of Management and Budget (OMB) [Statistical Policy Directive No. 15](#)) define the minimum standards for collecting and presenting data on race and ethnicity for all Federal reporting. The OPTN collection of race is aligned to this standard. OMB defines race as a person's self-identification with one or more social groups.

An individual can select one or more race categories (1) White, (2) Black or African American, (3) Asian, (4) American Indian or Alaska Native, (5) Native Hawaiian or Other Pacific Islander, or Race Not Reported.

This field is **required**.

Select one or more race sub-categories or origins. Select 'Other Origin' if origin is not listed. Select 'Origin Not Reported' if the origin was not self-identified by the person.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

European Descent
Arab or Middle Eastern

North African (non-Black)
Other Origin
Origin Not Reported

Black or African American – A person having origins in any of the Black racial groups of Africa.

African American
African (Continental)
West Indian
Haitian
Other Origin
Origin Not Reported

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

American Indian
Eskimo
Aleutian
Alaska Indian
Other Origin
Origin Not Reported

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Asian Indian/Indian Sub-Continent
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Origin
Origin Not Reported

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Native Hawaiian
Guamanian or Chamorro
Samoan
Other Origin
Origin Not Reported

Race Not Reported – Select if person did not self-identify a race category or origin.

Citizenship: Select as appropriate to indicate the donor's citizenship. This field is **required**.

U.S. Citizen: A United States citizen by birth or naturalization.

Non-U.S. Citizen/U.S. Resident: A non-citizen of the United States for whom the United States is the primary place of residence.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Reason Other Than Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for a reason other than transplant.

Non-U.S. Citizen/Non-U.S. Resident, Traveled to U.S. for Transplant: A non-citizen of the United States for whom the United States is not the primary place of residence, and who came to the U.S. for the purpose of transplant.

Country of Permanent Residence: The country where the donor's primary place of residence is located.

Year of Entry into U.S.: If the donor is a Non-U.S. Citizen/Non-U.S. Resident, enter the year the donor entered the United States. This field is **required**.

<u>Highest Education Level</u>**:** Select the choice that best describes the living donor's highest level of education. This field is **required**.

> **None**
> **Grade School (0-8)**
> **High School (9-12) or GED**
> **Attended College/Technical School**
> **Associate/Bachelor Degree**
> **Post-College Graduate Degree**
> **N/A (< 5 Yrs Old)**
> **Unknown**

<u>Did the donor have health insurance</u>**:** If the donor had health insurance at the time of donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

<u>Functional Status</u>**:** Select the choice that best describes the donor's functional status just prior to the time of donation. This field is **required**.

> *Note:* The Karnofsky Index will display for adult donors aged 18 and older.

> 100% - Normal, no complaints, no evidence of disease
> 90% - Able to carry on normal activity: minor symptoms of disease
> 80% - Normal activity with effort: some symptoms of disease
> 70% - Cares for self: unable to carry on normal activity or active work
> 60% - Requires occasional assistance but is able to care for needs
> 50% - Requires considerable assistance and frequent medical care
> 40% - Disabled: requires special care and assistance
> 30% - Severely disabled: hospitalization is indicated, death not imminent
> 20% - Very sick, hospitalization necessary: active treatment necessary
> 10% - Moribund, fatal processes progressing rapidly
> Unknown

> *Note:* The Lansky Scale will display for pediatric donors aged 1 to 17.

> 100% - Fully active, normal
> 90% - Minor restrictions in physically strenuous activity
> 80% - Active, but tires more quickly
> 70% - Both greater restriction of and less time spent in play activity
> 60% - Up and around, but minimal active play; keeps busy with quieter activities
> 50% - Can dress but lies around much of day; no active play; can take part in quiet

play/activities
40% - Mostly in bed; participates in quiet activities
30% - In bed; needs assistance even for quiet play
20% - Often sleeping; play entirely limited to very passive activities
10% - No play; does not get out of bed
Not Applicable (patient < 1 year old)
Unknown

Physical Capacity (check one): Select the choice that best describes the donor's physical capacity just prior to the time of donation. This field is **required**. (List of Physical Capacity codes)

No Limitations
Limited Mobility
Wheelchair bound or more limited
Unknown

Physical Capacity is the ability to perform bodily activities such as walking, dressing, bathing, grooming, etc.

Working for Income: If the donor was working for income just prior to the time of donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If No, Not Working Due To (check one): If **No** is selected, select the reason from the drop-down list.

Disability - A physical or mental impairment that interferes with or prevents a donor from working (e.g. arthritis, mental retardation, cerebral palsy, etc.).
Insurance Conflict - Any differences between a donor and insurance company that prevent them from working.
Inability to Find Work - The lack of one's ability to find work (e.g. lack of transportation, work experience, over qualification, unavailable work, etc.).
Donor Choice - Homemaker - A donor who chooses to manage their own household instead of performing work for pay.
Donor Choice - Student Full Time/Part Time - A donor who is enrolled in and/or participating in college.
Donor Choice- Retired - A donor who no longer has an active working life such as an occupation, business or office job.
Donor Choice - Other - Any reason not listed above that would prevent a donor from working.
Unknown

I**f Yes:** If **Yes** is selected, select the donor's working status from the drop-down list.

Working Full Time
Working Part Time due to Disability
Working Part Time due to Insurance Conflict
Working Part Time due to Inability to Find Full Time Work
Working Part Time due to Donor Choice
Working Part Time Reason Unknown
Working, Part Time vs. Full Time Unknown

Pre-Donation Clinical Information

Viral Detection:

Have any of the following viruses ever been tested for: Indicate whether the donor was tested for **HIV**, **CMV**, **HBV**, **HCV** or **EBV** prior to the donation by selecting **Yes** or **No**. This field is **required**.

If **Yes** is selected, indicate which viruses the donor was tested for prior to donation.

HIV Status (Human Immunodeficiency Virus) - Any of several retroviruses and especially HIV-1 that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS. Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

CMV (Cytomegalovirus) - A herpes virus (genus Cytomegalovirus) that causes cellular enlargement and formation of eosinophilic inclusion bodies especially in the nucleus and that acts as an opportunistic infectious agent in immunosuppressed conditions (as AIDS). If **Yes** is selected, complete the following fields:

Total: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose). *Note:* CMV total is a combination test. It checks the total result instead of the individual pieces. To further determine whether the IgG or IgM is positive, tests should be run separate.
IgG: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
IgM: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
Nucleic Acid Testing: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

HBV (Hepatitis B Virus) - A sometimes fatal hepatitis caused by a double-stranded DNA virus (genus Orthohepadnavirus of the family Hepadnaviridae) that tends to persist in the blood serum and is transmitted especially by contact with infected blood (as by transfusion or by sharing contaminated needles in illicit intravenous drug use) or by contact with other infected bodily fluids (as during sexual intercourse) -- also called serum hepatitis. If **Yes** is selected, complete the following fields:

DNA (NAT/PCR): Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
Core Antibody: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
Surface Antigen: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

HCV (Hepatitis C Virus) - A disease caused by a flavivirus that is usually transmitted by parenteral means (as injection of an illicit drug, blood transfusion, or exposure to blood or blood products) and that accounts for most cases of non-A, non-B hepatitis. If **Yes** is selected, complete the following fields:

RNA (NAT/PCR): Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
Antibody: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
RIBA: Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

EBV (Epstein-Barr Virus) - A herpesvirus (genus Lymphocryptovirus) that causes infectious mononucleosis and is associated with Burkitt's lymphoma and nasopharyngeal

carcinoma -- abbreviation EBV; called also EB virus. If **Yes** is selected, complete the fields.

> **Total:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose). ***Note:*** EBV total is a combination test. It checks the total result instead of the individual pieces. To further determine whether the IgG or IgM is positive, tests should be run separate.
> **IgG:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).
> **IgM:** Select the result of the test (Positive, Negative, Not Done, UNK/Cannot Disclose).

Note: For an equivocal (or indeterminate) result that changes to either positive or negative, change the result to the newer more specific value even though it may be a different test date. For a result that was originally equivocal (or indeterminate) or remains equivocal (or indeterminate) after repeated testing, record as "UNK/cannot disclose".

Pre-Donation Height and Weight

> **Height:** Enter the height of the living donor prior to donation in the appropriate space, in feet and inches or centimeters. If the living donor's height is not available, select the appropriate (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**.

> **Weight:** Enter the weight of the living donor prior to donation in the appropriate space, in pounds or kilograms. If the living donor's weight is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**.

History of Cancer: Indicate whether the donor had a history of cancer prior to the donation. If the donor had a history of cancer, select the type of cancer. If not, select **No**. This field is **required**. If the type of cancer is not listed, select the **Other, specify** and enter the name of the cancer in the **Specify** field. If the type of cancer is unknown, select **Unknown**. ([List of Cancer Site codes](#))

> **No**
> **Skin - Squamous, Basal Cell**
> **Skin - Melanoma**
> **CNS Tumor - Astrocytoma**
> **CNS Tumor - Glioblastoma Multiforme**
> **CNS Tumor - Medulloblastoma**
> **CNS Tumor - Neuroblastoma**
> **CNS Tumor - Angioblastoma**
> **CNS Tumor - Meningioma**
> **CNS Tumor - Other**
> **Genitourinary - Bladder**
> **Genitourinary - Uterine Cervix**
> **Genitourinary - Uterine Body Endometrial**
> **Genitourinary - Uterine Body Choriocarcinoma**
> **Genitourinary - Vulva**
> **Genitourinary - Ovarian**
> **Genitourinary - Penis, Testicular**
> **Genitourinary - Prostate**
> **Genitourinary - Kidney**
> **Genitourinary - Unknown**
> **Gastrointestinal - Esophageal**

Gastrointestinal - Stomach
Gastrointestinal - Small Intestine
Gastrointestinal - Colo-Rectal
Gastrointestinal - Liver & Biliary Tract
Gastrointestinal - Pancreas
Breast
Thyroid
Tongue/Throat
Larynx
Lung (Include Bronchial)
Leukemia/Lymphoma
Unknown
Other, Specify

> **Cancer Free Interval:** If the donor had a history of cancer prior to donation, enter the number of the years the donor was free of the cancer. Cancer-free interval can be entered in portions of a year by entering a decimal. If the number of years in unknown, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**).

History of Cigarette Use: If the donor has a history of cigarette use, select **Yes**. If not, select **No**. This field is **required**.

If Yes, Check # of pack years is the number of packs of cigarettes the donor smoked per day multiplied by the number of years. For example a donor smoking 2 packs of cigarettes per day for 10 years would equal 20 pack years. (List of Pack Years codes)

0-10
11-20
21-30
31-40
41-50
> 50
Unknown pack years

Duration of Abstinence: Select the number of months the donor has abstained from cigarettes. If the time is unknown, select **Unknown duration**. If the donor has not stopped smoking, select **Continues To Smoke**. (List of Abstinence Duration codes)

0-2 months
3-12 months
13-24 months
25-36 months
37-48 months
49-60 months
> 60 months
Continues to Smoke
Unknown duration

Other Tobacco Used: If the donor has a history of other tobacco use, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

Diabetes: If the donor had diabetes prior to the donation, select **Yes**. If not, select **No**. If unknown, select **UNK**. A patient should *not* be considered as having diabetes based on gestational diabetes only. This field is **required**.

If **Yes** is selected, **Treatment:** Select the type of treatment from the drop-down list. ([List of Diabetes Treatment Codes](#))

> **Insulin**
> **Oral Hypoglycemic Agent**
> **Diet**

Pre-Donation Liver Clinical Information

This section displays if a <u>liver</u> was recovered from the donor or the procedure was aborted.

Total Bilirubin: Enter the most recent lab value prior to donation for total serum bilirubin in mg/dl. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**. ([List of Status codes](#))

SGOT/AST: Enter the most recent lab value prior to donation for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**. ([List of Status codes](#))

SGPT/ALT: Enter the most recent lab value prior to donation for the Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**. ([List of Status codes](#))

Alkaline Phosphatase: Enter the most recent lab value prior to donation for the serum alkaline phosphatase value in units/L. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**. ([List of Status codes](#))

Serum Albumin: Enter the most recent lab value prior to donation for the serum albumin value in g/dl. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**. This field is **required**. ([List of Status codes](#))

Serum Creatinine: Enter the most recent lab value prior to donation for the serum creatinine value in mg/dl. If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**. ([List of Status codes](#))

INR: International Normalized Ratio. Enter the most recent prior to donation ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds). If any of the data values are unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). This field is **required**.([List of Status codes](#))

Liver Biopsy: If the donor had a liver biopsy prior to donation, select **Yes**. If not, select **No**. This field is **required**.

> If **Yes** is selected, **% Macro vesicular fat:** Enter the percentage of macro vesicular fat. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))
>
> > Macrovesicular type **-** Large fat droplets balloon the liver cell, displacing the nucleus to the periphery of the cell, like an adipocyte. Triglyceride accumulates most commonly because it has the highest turnover rate of all hepatic fatty acid

esters. Liver uptake of FFA from adipose tissue and the diet is unrestrained, whereas FFA disposition by oxidation, esterification, and VLDL secretion is limited.

If **Yes** is selected, **% Micro vesicular fat:** Enter the percentage of micro vesicular fat. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

Microvesicular **-** Fatty liver, small fat droplets accumulate, cells appear foamy, and nuclei are central. Triglycerides collect in subcellular organelles (i.e. endoplasmic reticulum), reflecting widespread metabolic disturbance. Mitochondrial injury limits FFA oxidation, while apoprotein synthesis necessary for VLDL secretion is depressed, leading to triglyceride accumulation.

Pre-Donation Kidney Clinical Information

This section displays if a <u>kidney</u> was recovered from the donor or the procedure was aborted.

History of Hypertension: If the donor had a history of hypertension prior to donation, select **Yes** and the duration from the drop-down list. If not, select **No**. If unknown, select **Unknown**. This field is **required**. (List of Hypertension History codes)

No
Yes, 0 - 5 Years
Yes, 6 - 10 Years
Yes, > 10 Years
Yes, Unknown Duration
Unknown

If Yes, Method of Control: If the donor had a history of hypertension, indicate what the method of control was by selecting **Yes, No** or **UNK** for the following methods.

Diet
Diuretics
Other Hypertensive Medication

Serum Creatinine: Enter the lab value for the kidney donor's serum creatinine value in mg/dl taken prior to donation. If the value is not available, select the appropriate (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**.

Preoperative Blood Pressure Systolic: Enter the living donor's systolic blood pressure value in mm/Hg. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**.

Preoperative Blood Pressure Diastolic: Enter the living donor's diastolic blood pressure value in mm/Hg. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**.

Urinalysis: Enter the donor's **Urine Protein**. This field is **required**.

Positive

Negative

Not Done

Unknown

OR enter the donor's ratio (GM/GM) in the **Protein - Creatinine Ratio*** field. If the lab result does not include a specific value, and instead reports a value that is less than the lowest detectable limit, enter 0. Results for an Albumin-Creatinine Ratio or Microalbumin-Creatinine Ratio may be entered in the Protein-Creatinine Ratio field.

*If the lab result is not measured in GM/GM, use the appropriate conversion method: 1000 mg = 1gm (example: 114mg/gm = 0.114 gm/gm) for accurate data entry.

Pre-Donation Lung Clinical Information

This section displays if a <u>lung</u> was recovered from the donor or the procedure was aborted.

FVC% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FVC% predicted value before bronchodilators and FVC% predicted value after bronchodilators. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**. (List of Status codes)

FEV 1% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FEV 1% predicted value before bronchodilators and FEV 1% predicted value after bronchodilators. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**. (List of Status codes)

FEF (25–75%)% predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's FEF (25-75%)% predicted value before bronchodilators and FEF (25-75%)% predicted value after bronchodilators. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**. (List of Status codes)

TLC % predicted (**Before Bronchodilators** and **After Bronchodilators**)**:** Enter the donor's TLC% predicted value before bronchodilators and TLC% predicted value after bronchodilators. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). This field is **required**. (List of Status codes)

Diffusing lung capacity corrected for alveolar volume % predicted: Enter the % predicted value. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

PaO$_2$ on room air: Enter the value for Pa0$_2$ on room air for the donor in mm/Hg. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing, Unknown, N/A, Not Done**). (List of Status codes)

Pre-Donation All VCA Clinical Information

This section displays if a <u>VCA organ</u> was recovered from the donor or the procedure was aborted.

Toxoplasma IgG: Screening for toxoplasma is a way to increase transplant recipient safety by potentially decreasing the number of unexpected transmissions of toxoplasma gondii. Select the result of the test:

> **Positive**

Negative

Not Done

UNK/Cannot Disclose

Pre-Donation Uterus Clinical Information

This section displays if a <u>uterus</u> was recovered from the donor or the procedure was aborted.

<u>Human Papillomavirus (HPV) cervical specimen only by DNA or mRNA</u>: HPV (Human papillomavirus) is a sexually transmitted infection that can cause health problems like genital warts and cancer. There are several types of HPV, and most do not lead to cancer, but certain types of genital HPV can cause cancer in the lower part of the uterus that connects to the vagina (cervix). Select the result of the test:

Positive
Negative
Not Done

UNK/Cannot Disclose

<u>Herpes Simplex Virus (HSV) 1/2 (IgG antibody test)</u>: Herpes simplex virus (HSV) is a sexually transmitted disease. There is some research that suggests that genital herpes infection may lead to miscarriage or increase the likelihood of preterm birth. Genital herpes can cause painful genital sores and can be severe in people with suppressed immune systems. Select the result of the test:

Positive
Negative
Not Done

UNK/Cannot Disclose

<u>Gonorrhea (NAT)</u>: Gonorrhea is a sexually transmitted bacterial infection that can cause pelvic inflammatory disease and damage reproductive organs. Gonorrhea can also be transmitted congenitally and cause serious health problems for a newborn child. Select the result of the test. If positive, select **Yes** if the patient was treated for gonorrhea and **No** if the patient was not treated for gonorrhea.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

<u>Chlamydia (NAT)</u>: Chlamydia is a sexually transmitted bacterial infection that can cause pelvic inflammatory disease and damage reproductive organs. Chlamydia can also be transmitted congenitally and cause health problems for a newborn child. Select the result of the test. If positive, select **Yes** if the patient was treated for chlamydia and **No** if the patient was not treated for chlamydia.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

Vaginal Candidiasis (collected at the time of evaluation): Vaginal candidiasis is a fungal infection that is more likely to occur in immunocompromised individuals and may impact the outcome of a uterus transplant. Select the result of the test. If positive, select **Yes** if the patient was treated for vaginal candidiasis and **No** if the patient was not treated for vaginal candidiasis.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

Vaginal Candidiasis (collected at the time of donation): Vaginal candidiasis is a fungal infection that is more likely to occur in immunocompromised individuals and may impact the outcome of a uterus transplant. Select the result of the test. If positive, select **Yes** if the patient was treated for vaginal candidiasis and **No** if the patient was not treated for candidiasis.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

Bacterial Vaginosis (Gardnerella vaginalis): Bacterial vaginosis is a type of vaginal inflammation caused by the overgrowth of bacteria naturally found in the vagina. Bacterial vaginosis can increase the likelihood of preterm birth and low birth weight. Select the result of the test. If positive, select **Yes** if the patient was treated for bacterial vaginosis and **No** if the patient was not treated for bacterial vaginosis.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

Trichomoniasis: Trichomoniasis is a sexually transmitted disease caused by infection with a protozoan parasite. Trichomoniasis can increase the likelihood of preterm birth and low birth weight. Select the result of the test. If positive, select **Yes** if the patient was treated for trichomoniasis and **No** if the patient was not treated for trichomoniasis.

Positive
Negative
Not Done

UNK/Cannot Disclose

If positive, was the patient treated? Select **Yes** or **No**.

Other testing: Specify other testing conducted for infectious diseases. Select the result of the test.

Type of test - specify:

Positive
Negative
Not Done

UNK/Cannot Disclose

Uterine imaging: Uterine imaging can be conducted via various tests including magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), or computerized tomography (CT), among others. Abnormal findings may include retroverted uterus, double uterus, or other anatomical abnormalities. Indicate the type of imaging used:

MRI/MRA
CT
None

Other, specify:

If imaging was conducted, indicate any abnormal findings.

Gravidity: Gravidity is the number of times a patient has been pregnant, regardless of pregnancy outcome. Enter the gravidity.

Parity: Parity is the number of pregnancies reaching 20 weeks and 0 days of gestation or beyond, regardless of the number of fetuses or outcomes. Enter the parity.

Spontaneous Abortion: Spontaneous abortion is non-induced embryonic or fetal death or passage of products of conception before 20 weeks gestation (miscarriage). Enter the number of spontaneous abortions.

Induced Termination: Induced termination is termination of intrauterine pregnancy for medical or elective reasons. Enter the number of induced terminations.

Prior Full Term Live Births: Prior full term live births is the number of live births at 39 weeks gestation or later.

Yes
No

Unknown

If Yes, enter the number of prior full term live births and indicate the type of delivery.

Total number of births:
Number of vaginal deliveries:

Number of deliveries by C-section:

Liver Surgical Information

This section displays if a *liver* *was recovered from the donor or the procedure was aborted.*

Type of Transplant Graft: Select the type of transplant graft from the drop-down list. If the procedure was aborted and the organ was not recovered, select the intended type. This field is **required**.

Left Lateral Segment
Left Lobe without MHV (Middle Hepatic Vein)

Left Lobe with MHV
Right Lobe without MHV
Right Lobe with MHV
Domino Whole Liver
Domino Partial Liver

Kidney Surgical Information

This section displays if a <u>kidney</u> was recovered from the donor or the procedure was aborted.

<u>**Type of Transplant Graft:**</u> The type of transplant will display from the Living Donor Feedback.

Left Kidney
Right Kidney
En-bloc
Sequential Kidney

<u>**Intended Procedure Type:**</u> Select the procedure type from the drop-down list. This field is **required**.

Transabdominal
Flank (retroperitoneal)
Laparoscopic Not Hand-assisted
Laparoscopic Hand-assisted
Natural Orifice

Conversion from Laparoscopic to Open: If **Laparoscopic** was selected for **Intended Procedure Type**, and there was a conversion from laparoscopic to open procedure, select **Yes**. If there wasn't a conversion, select **No**.

Lung Surgical Information

This section displays if a <u>lung</u> was recovered from the donor or the procedure was aborted.

<u>**Type of Transplant Graft:**</u> The type of transplant (**Lobe, Right** or **Lobe, Left**) entered on the Living Donor Feedback displays.

<u>**Procedure Type:**</u> Indicate whether the procedure type was **Open** or **Video Assisted Thoracoscopic**. This field is **required**. (List of Procedure Type codes)

Conversion from Thoracoscopic to Open: If **Open** was selected for **Procedure Type**, and there was a conversion from thoracoscopic to an open procedure, select **Yes**. If there was no conversion, select **No**.

<u>**Intra-operative Complications:**</u> If there were any intra-operative complications, select **Yes**. If not, select **No**. This field is **required**.

If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other Specify** is selected, enter the name of the other complication in the **Other Specify** field. (List of Inter-operative Complication codes)

Sacrifice of Second Lobe Specify
Anesthetic Complication Specify
Arrhythmia Requiring Therapy

Cerebrovasular Accident
Phrenic Nerve Injury
Brachial Plexus Injury
Breast Implant Rupture
Other Specify

Sacrifice of Second Lobe, Specify: If a second lobe was sacrificed, select the type from the drop-down list. ([List of Second Lobe Sacrifice codes](#))

RML
RUL
LUL
Lingular

Anesthetic Complication Specify: If anesthetic complication occurred, enter the complication.

Arrhythmia requiring therapy: If there was arrhythmia requiring therapy, select the therapy from the drop-down list. ([List of Arrhythmia codes](#))

Medical therapy
Cardioversion
Other Specify

Uterus Surgical Information

This section displays if a <u>uterus</u> was recovered from the donor or the procedure was aborted.

<u>**Intended Procedure Type**</u>**:** Select the intended procedure type.

Robotic
Open

Hybrid

<u>**Conversion from Robotic to Open**</u>**:** If Robotic was selected for Intended Procedure Type, and there was a conversion from robotic to open procedure, select **Yes**. If there wasn't a conversion, select **No**.

<u>**Operative Time (surgical time from skin to skin)**</u>**:** Operative time is the time taken from skin incision to completion of skin closure. Enter the start time and end time.

<u>**Ovaries Removed**</u>**:** If ovaries were removed during uterus donation, select **Yes**. If the donor's ovaries were not removed, select **No**. If the donor's ovaries were absent at the time of uterus donation, select **Not applicable – ovaries not present at donation**.

<u>**Intra-Operative Complications**</u>**:** Intra-operative complications refer to complications occurring during operative time. If the donor experienced intra-operative complications, select **Yes**. If not, select **No**. If Yes, indicate the complication(s) experienced by the donor.

<u>**Ureter Injury:**</u> Ureter injury refers to damage to the ureter.

If a ureter injury occurred, select **Unilateral**, **Bilateral**, or **Other**.

Was the injury corrected? Select **Yes** or **No**.

<u>**Anesthetic Complications:**</u> If anesthetic complication occurred, enter the complication.

Other Complications: If other complications occurred during surgery, enter the complication.

Other VCA Surgical Information

This section displays if a <u>VCA organ other than uterus</u> was recovered from the donor or the procedure was aborted.

Intra-Operative Complications: Intra-operative complications refer to complications occurring during operative time. If the donor experienced intra-operative complications, select **Yes**. If not, select **No**. If Yes, indicate the complication(s) experienced by the donor.

> **Anesthetic Complications:** If anesthetic complication occurred, enter the complication.

> **Other Complications:** If other complications occurred during surgery, enter the complication.

Post-Operative Information

This section displays for all organ types.

Date of Initial Discharge: Enter the date the donor was initially released to go home. Use the standard 8-digit format of MM/DD/YYYY. The donor's hospital stay includes total time spent in different units of the hospital, including medical and rehab. This field is **required**.

Donor Status: Select the status of the donor from the drop-down list. This field is **required**.

> **Living**
> **Dead**

Date Last Seen or Death: Enter the date the living donor was last seen. If the living donor died, enter the date of death. Use the standard 8-digit format of MM/DD/YYYY. This field is **required**.

Cause of Death: If the living donor died, indicate the cause of death. If the cause of death is not listed, select **Other, specify** and enter the cause of death in the **Other specify** field. (List of Cause of Death codes)

> **Infection: Donation/Surgery Related**
> **Infection: Not Donation/Surgery Related**
> **Pulmonary Embolism**
> **Malignancy**
> **Domino Liver Donor-Transplant Related Death (Liver donors only)**
> **Cardiovascular**
> **CVA**
> **Hemorrhage: Donation/Surgery Related**
> **Hemorrhage: Not Donation/Surgery Related**
> **Homicide**
> **Suicide**
> **Accidental**
> **Other, specify**

Non-Autologous Blood Administration: If non-autologous blood was administered to the donor, select **Yes**. If not, select **No**. This field is **required**. Please include any blood products given from post-op through initial discharge.

If Yes, Number of Units: If non-autologous blood was administered to the donor, enter the number of units the donor received for the following types:

PRBC
Platelets
FFP

Uterus Post-Operative Information

This section displays if a <u>uterus</u> was recovered from the donor or the procedure was aborted.

Length of ICU Stay (days): The length of stay in the intensive care unit (ICU) is measured from the day that the patient entered the ICU to the day that the patient exited the ICU, counting both the day of entry and the day of exit. Enter the number of days spent in the ICU.

Liver Related Post-Operative Complications (At discharge or 6 weeks, whichever comes first)

This section displays if a <u>liver</u> was recovered from the donor or the procedure was aborted.

Biliary Complications: If the donor experienced biliary complications at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

   If Yes specify: Select the grade of complication by clicking on the circle next to the grade. ([List of Biliary Complication codes](#))

   Grade 1 - Bilious JP drainage more than 10 days
   Grade 2 - Interventional procedure (ERCP, PTC, percutaneous drainage, etc.)
   Grade 3 - Surgical intervention

   If Grade 3 is selected, enter the **Date of Surgery** using the standard 8-digit format of MM/DD/YYYY.

Vascular Complications Requiring Intervention: If the donor experienced vascular complications requiring intervention at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

   If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. ([List of Vascular Complication codes](#))

   Portal Vein
   Hepatic Vein
   Hepatic Artery
   Pulmonary Embolus
   Deep Vein Thrombosis
   Other, Specify

Other Complications Requiring Intervention: If the donor experienced other complications requiring intervention at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

   If Yes, Specify: Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. ([List of Other Complication codes](#))

Renal insufficiency requiring dialysis
Ascites
Line or IV complication
Pneumothorax
Pneumonia
Wound Complication
Brachial Nerve Injury
Other, specify

<u>**Reoperation**</u>**:** If the donor required reoperation at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If Yes, specify reason for reoperation (during first six weeks): Specify the reason(s) by clicking on the checkbox next to the reason. Enter the **Date** for each reason selected using the standard 8-digit format of MM/DD/YYYY. If **Other Specify** is selected, enter the reason and the **Date**.

Liver Failure Requiring Transplant
Bleeding Complications
Hernia Repair
Bowel Obstruction
Vascular Complications
Other Specify

<u>**Any Readmission After Initial Discharge**</u>**:** If the donor required any readmission after the initial discharge at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If yes, specify reason for readmission (during first six weeks): Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field.

Wound infection
Fever
Bowel Obstruction
Pleural Effusion
Biliary Complications
Vascular Complications
Other, specify

If Yes, Date of First Readmission: Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

<u>**Other Interventional Procedures**</u>**:** If the donor required other interventional procedures at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If Yes, Specify Procedure: Enter the procedure.
Date of Procedure: Enter the date of the procedure using the standard 8-digit format of MM/DD/YYYY.

Kidney Related Post-Operative Complications (At discharge or 6 weeks, whichever comes first)

This section displays if a <u>kidney</u> was recovered from the donor or the procedure was aborted.

Vascular Complications Requiring Intervention: If the donor experienced vascular complications requiring intervention at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

> **If Yes, Specify:** Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. ([List of Kidney Vascular Complication codes)](#)
>
> > **Renal Vein**
> > **Renal Artery**
> > **Aorta**
> > **Vena Cava**
> > **Pulmonary Embolus**
> > **Deep Vein Thrombosis**
> > **Other, specify**

Other Complications Requiring Intervention: If the donor experienced other complications requiring intervention at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. This field is **required**.

> **If Yes, Specify:** Select the complication(s) by clicking on the checkbox next to the complication. If **Other, specify** is selected, enter the name of the other complication in the **Other Specify** field. ([List of Other Kidney Complications codes](#))
>
> > **Renal insufficiency requiring dialysis**
> > **Ascites**
> > **Line or IV complication**
> > **Pneumothorax**
> > **Pneumonia**
> > **Wound Complication**
> > **Brachial Nerve Injury**
> > **Other, specify**

Reoperation: If the donor required reoperation at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

> **If Yes, specify reason for reoperation (during first six weeks):** Specify the reason(s) by clicking on the checkbox next to the reason. Enter the **Date** for each reason selected. If **Other Specify** is selected, enter the reason and the **Date**.
>
> > **Bleeding**
> > **Hernia Repair**
> > **Bowel Obstruction**
> > **Vascular**
> > **Other Specify**

Any Readmission After Initial Discharge: If the donor required any readmission after the initial discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

> **If yes, specify reason for readmission (during first six weeks):** Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field. ([List of Readmission codes](#))
>
> > **Wound infection**
> > **Fever**
> > **Bowel Obstruction**

Pleural Effusion
Vascular Complications
Other, specify

If Yes, Date of First Readmission: Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

Other Interventional Procedures: If the donor required other interventional procedures at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If Yes, Specify Procedure: Enter the procedure.

Date of Procedure: Enter the date of the procedure using the standard 8-digit format of MM/DD/YYYY.

Lung Related Post-Operative Complications (At discharge or 6 weeks, whichever comes first)

This section displays if a <u>lung</u> was recovered from the donor or the procedure was aborted.

Post-operative complications during the initial hospitalization: If the donor experienced any post-operative complications during the initial hospitalization, select **Yes**. If not, select **No**. This field is **required**.

If **Yes** is selected, select the type of post-operative complications from the drop-down list. ([List of Post-operative Complication codes](#))

Arrhythmia requiring therapy
Bleeding requiring surgical or therapeutic bronchoscopic intervention
Bowel obstruction or ileus not requiring surgical intervention
Bowel obstruction or ileus requiring surgical intervention
Bronchial Stenosis/Stricture not requiring surgical or therapeutic bronchoscopic intervention
Bronchial Stenosis/Stricture requiring surgical or therapeutic bronchoscopic intervention
Bronchopleural Fistula requiring surgical or therapeutic bronchoscopic intervention
Cerebrovascular Accident
Deep Vein Thrombosis
Empyema requiring therapeutic surgical intervention
Epidural-Related Complication
Line or IV Complication
Loculated pleural effusion requiring surgical intervention
Pericardial tamponade or pericarditis requiring surgical intervention
Pericarditis not requiring surgical intervention
Peripheral Nerve Injury
Phrenic Nerve Injury
Placement of Additional Thoracostomy Tube(s), Specify Indication
Pneumonia/Atelectasis
Prolonged (>14 days) Thoracostomy Tube Requirement
Pulmonary Artery Embolus or Thrombosis
Pulmonary Vein or Left Atrial Thrombosis

Wound Complication
Wound infection requiring surgical intervention
Other Specify

> **Arrhythmia requiring therapy:** Indicate if the donor received **Medical therapy**, **Cardioversion** or **Electrophysiologic Ablation**.
>
> **Placement of Additional Thoracostomy Tube(s), Indication:** Select the placement of the tubes from the drop-down list.
>
> > **Pneumothorax**
> > **Pleural effusion**
> > **Empyema**
>
> **Other Specify:** Enter the therapy.

Any Readmission After Initial Discharge: If the donor required any readmission after the initial discharge at discharge or 6 weeks, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

> **If yes, specify reason for readmission (at discharge or six weeks, whichever comes first):** Select the reason from the drop-down list. If **Other, specify** is selected, enter the reason in the **Specify** field. ([List of Readmission codes](#))
>
> > **Wound infection**
> > **Fever**
> > **Bowel Obstruction**
> > **Pleural Effusion**
> > **Vascular Complications**
> > **Other, specify**
>
> **If Yes, Date of First Readmission:** Enter the date of the first readmission using the standard 8-digit format of MM/DD/YYYY.

Uterus Related Post-Operative Complications

This section displays if a <u>uterus</u> was recovered from the donor or the procedure was aborted.

Post-Operative Complications: If the donor experienced complications requiring intervention following donation but prior to discharge or 6 weeks post-donation, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. If Yes, indicate the complications experienced by the donor. If the donor experienced complications that are not listed, select **Other** and enter the complication(s).

> **Wound Infection**
> **Ureterovaginal Fistula**
> **Nocturia**
> **Meralgia Paresthetica**
> **Bladder Hypotonia**
> **Other – Specify:**

Other VCA Related Post-Operative Complications

This section displays if a <u>VCA organ other than uterus</u> was recovered from the donor or the procedure was aborted.

Post-operative complications: If the donor experienced complications requiring intervention following donation but prior to discharge or 6 weeks post-donation, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**. If Yes, indicate the complication(s) experienced by the donor.

All VCA Related Post-Operative Complications

This section displays if a <u>VCA organ</u> was recovered from the donor or the procedure was aborted.

Reoperation: If the donor required reoperation following donation but prior to discharge or 6 weeks post-donation, whichever comes first, select **Yes**. If not, select **No**. If unknown, select **UNK**.

> If Yes, specify reason for reoperation (during first six weeks):
> Enter the date for each reason using the standard 8-digit format of MM/DD/YYYY.

Post-Operative Clinical Information (At discharge or 6 weeks, whichever comes first)

The following questions display for all donated organs:

Most Recent Date of Tests: Enter the date of the donor's most recent tests in the space provided at discharge or 6 weeks, whichever comes first, using the standard 8-digit numeric format of MM/DD/YYYY. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first.

Weight: Enter the weight of the donor in **lb** (pounds) or **kg** (kilograms). This field is **required**. If the donor's weight is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**).

Kidney Post-Operative Clinical Information

The following questions display for donated <u>kidney</u> organs only.

Serum Creatinine: Enter the lab value for the kidney donor's serum creatinine value in mg/dl taken at discharge or 6 weeks, whichever comes first. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Post-Op Blood Pressure Systolic: Enter the donor's systolic blood pressure taken at discharge or 6 weeks, whichever comes first, in the space provided. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date, whichever is first. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). (List of Status codes)

Post-Op Blood Pressure Diastolic: Enter the donor's diastolic blood pressure taken at discharge or 6 weeks, whichever comes first, in the space provided. The tests should reflect an individual's clinical characteristics at the time of discharge or six-weeks after the transplant date,

whichever is first. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Urinalysis: Enter the donor's **Protein-Creatinine Ratio** or **Urine Protein**. This field is **required**

> If **Urine Protein** is selected, select the result from the drop-down list. ([List of Urinalysis Results codes](#))
>
> > **Positive**
> > **Negative**
> > **Unknown**
> > **Not Done**

Donor Developed Hypertension Requiring Medication: If the donor developed hypertension at discharge or 6 weeks, whichever comes first, that required medication, select **Yes**. If not, select **No**. If unknown, select **UNK.** This field is **required**.

Liver Post-Operative Clinical Information

The following questions display for donated <u>liver</u> organs only:

Total Bilirubin: Enter the lab value for total serum bilirubin in mg/dl. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

SGOT/AST: Enter the lab value for the serum glutamic oxaloacetic transaminase or aspartate transaminase in U/L. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

SGPT/ALT: Enter the lab value for Serum Glutamic Pyruvic Transaminase/Alanine Aminotransferase in U/L. This is a **required** field. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Alkaline Phosphatase: Enter the lab value for the serum alkaline phosphatase value in units/L. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Serum Albumin: Enter the lab value for the serum albumin value in g/dl. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Serum Creatinine: Enter the lab value for the serum creatinine value in mg/dl. This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

INR: International Normalized Ratio. Enter the ratio of the prothrombin time (in seconds) to the control prothrombin time (in seconds). This field is **required**. If the value is not available, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A, Not Done**). ([List of Status codes](#))

Organ Recovery

Organ Recovery Date: The date of the donor's recovered organ reported in the Living Donor Feedback will display. Verify that the displayed date is the date the organ(s) was recovered from

this donor. If the date is blank or incorrect, use the standard 8-digit numeric format of MM/DD/YYYY to enter the correct date. If the operation was started in the evening and concluded the next day, enter the date the operation began. This field is **required**.

Organ(s) Recovered: The donor's organ(s) reported as being recovered in the Living Donor Feedback will display. Verify the organ(s) displayed in the record are the organs recovered from this donor. Verify that the correct organ modifier (right or left) is displayed in the record.

Right Kidney
Left Kidney
Pancreas Segment
Liver Segment
Intestine Segment
Living Donor Heart Transplant
Right Single Lung
Left Single Lung
Left Lung Lobe
Right Lung Lobe
Domino Whole Liver

Recipient Name (Last, First): The recipient's name reported in the Recipient and Living Donor Feedback will display. Verify that the displayed name is the name of the recipient who received this organ.

Recipient SSN#: The recipient's social security number reported in the Recipient and Living Donor Feedback will display. Verify the social security number of the recipient.

Donor Recovery Facility: This will default with the same center as Donor Workup Facility, but can be changed if the organ was recovered at a different center. The drop-down list contains the names of all national Transplant Centers. This field is **required**.

Donor Workup Facility: This is the name of the center that entered the Living Donor information into UNet^{SM}. This cannot be modified.